

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 175

(This return should preferably be made by the person who made the original)

Place of Birth Hayden
(Registration District)

County Gila

No. _____ St.

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Male</u>					

DATE OF BIRTH* September 24, 1929
(Month) (Day) (Year)

FULL* NAME Mattison A. Morrison
FATHER

FULL* MAIDEN NAME Dolly Ragsdale
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Ocie Albert Morrison
(Give name in full)

(Surname)

O. B. Morrison Sr.
(Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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645-924-495

MARGIN RESERVED FOR BINDING
USE PERMANENT INK